

Research Paper

Psychosocial theories of alcohol abuse: an understanding and its relevance

Prem Prakash^{1*}, Pradeep Kumar², Amool Ranjan Singh³

ABSTRACT

Alcohol abuse is reflected as a major public health concern in worldwide. It impaired many areas of life, including familial, vocational, psychological, legal, social, or physical aspects of life. These people are widely considered to be a vulnerable population. The purpose of this study is to explore the psychosocial theory related to alcohol abuse. Literature has been searched the both electronic databases including PubMed and manual searches for this. This article reviews the various theories related with alcoholism. Psychosocial theories of alcohol abuse can be utilized to identify and contextualize trends in major treatment approaches for the people of alcohol abuse and also provide possible future directions for research in that specific area.

Keywords: *Alcohol, Psychosocial, Behavioral, psychotherapy*

Alcohol abuse is reflected as a major public health concern in worldwide. It impaired many areas of life, including familial, vocational, psychological, legal, social, or physical aspects of life. Approximately 2 billion persons worldwide consume alcohol and one-third (nearly 76.3 million) is likely to have one or more alcohol related disorders (WHO, 2002). Research suggests that drinking alcohol is associated with nearly 1 out of 10 deaths in the ages 15 to 49 years (Stockwell et al, 2016). Alcohol abuse leads to many social and personal problems like; problems of health, disturbance in work life, poor family and social relationships, separation and divorce and emotional hardship in the family. In India, it is estimated 3 million people who abused alcohol died in 2016 and consumption of alcohol has doubled from 2005 (2.4 liters) to 2016 (5.7 liters) with 4.2 litres being consumed by men and 1.5 litre by women. Alcoholism is attributed as a cause for 17 per cent of neuropsychiatric disorders among men in India (Rehm et al, 2009). Alcohol use is typically initiated in adolescence (Silveri et al, 2012), both for its positive and arousal effects and to conform with peers. Religion (Mohan et al., 2014) culture, family history of alcoholism (Warner et al

¹Consultant Psychiatric Social Work, District Mental Health Programme, Barabanki, (UP), India

²Consultant Psychiatric Social Work, State Institute of Mental Health, PD BD Sharma University of Health Sciences, Rohtak (Govt of Haryana), India

³Professor, Department of Clinical Psychology, Ranchi Institute of Neuro-Psychiatry and Allied Sciences (RINPAS), Kanke, Ranchi, (Govt of Jharkhand), India.

**Responding Author*

Received: May 09, 2020; Revision Received: June 19, 2020; Accepted: June 25, 2020

2007) and socio-economic factors (Pillai et al., 2014) all play an important role in initiation and continuation of alcohol (Morean et al., 2014).

Recent literature has proposed many theories which combine different approaches in themselves, therefore bio psychosocial theories gained importance. According to West (2001) a classification of addiction theories could be made under five headings. First heading included broad theories on addiction conceptualization which includes biological, social, psychological processes and combinations of these. West (2001) gave forty three article references published till 1980 for this category. Second heading included theories which examined the effects of certain stimulus that may be triggering addiction and this cluster was more related with experimental psychology and neurobiology. Third heading included theories focused on individual characteristics that made the person vulnerable to addiction. Fourth set of theories focused on environmental and social conditions that increase the risk for addiction for members of the society. Fifth group of theories involved treatment and relapse issues which had links with the other four headings.

(I) Psychodynamic Perspective

In Classical Freudian Psychoanalysis, addiction was explained as an “oral fixation”. As per this notion, individuals who have had the experience of a traumatic event in the oral stage of development tend to develop pathological fixation at this stage (Ramos & Perkins, 2006). According to Hooper (1995), the main cause of the addiction syndrome is the unconscious need to entertain and to enact various kinds of homosexual and perverse fantasies and at the same time to avoid taking responsibility for this. It is hypothesized that specific drugs facilitate specific fantasies and using drugs is considered to be a displacement from, and a concomitant of, the compulsion to masturbate while entertaining homosexual and perverse fantasies. The addiction syndrome is also hypothesized to be associated with life trajectories that have occurred within the context of traumatogenic processes, the phases of which include social, cultural and political factors, encapsulation, traumatophilia, and masturbation as a form of self-soothing. Chafetz (1959) called it an “oral perversion”. Later prospective studies showed that oral over activity in children did not precede alcoholism in adulthood rather accompanied it (Ramos, 2004). When oral fixations occur, psychological disorders related with the mouth area are expected. For example, smoking, alcohol dependence or overeating can be because of oral fixation. On the other hand, Rado (1933) stated that it is the person’s way of adaptation which is destructive to him. Addiction is a way of aggressive acting-out behavior. Ego psychologists emerged in the 1970s. They argued that addiction is a defect in the ego functions. This defect is thought to be rooted in unresolved conflicts or failures to internalize parental functions in childhood (Yalisove, 1997). Freud was the first psychoanalyst who examined the roots of addiction in his writings. In his paper “From Civilization and Its Discontents” (1929), he stated the associations between happiness, pleasure, reality principle, and religion. Meanwhile, he also mentioned addiction as a way which supplied happiness and helped in avoiding unhappiness at the same time. As the person is liberated from the external world, immediate rush of pleasure captures him/her. For Freud, while the person reaches an ultimate happy state far from the external destructive mechanisms like society and human relations, this state consumes too much of the person’s energy which could have been used for other purposes to improve himself/herself (Yalisove, 1997). On the other hand, Freud, himself, was an antiquities collector and (Subkowski, 2006) thought that “collecting” was similar to addiction in terms of finding and taking something for oneself to feel more complete in a systematic way regularly and passionately. Additionally, the object of interest should be something that has a depth or a culture behind it like alcohol culture.

Collecting and addiction according to Abraham (1917) are symbolical gratifications of repressed desires which occur because of transferring libido to an unlimited number of objects (Subkowski, 2006). According to the psychoanalytical approach, addiction can also be a result of “sublimation”. Sublimation is drawing the sexual energy, libido, from the id to the ego, hence that the sexual energy is turned from inside onto an external, independent object like alcohol. Gurol (2004) argued that addiction is a process of gaining and losing the object of love. Hence, addiction occurs as a result of faulty object relations. The dependent person seeks the drug or alcohol. He is relieved for a short period of time after consuming it. Subsequently, the drug’s effect diminishes. The dependent person feels insecure and ambivalent when the relief is lost. This kind of relation with the drug is experienced as a result of severe infantile trauma according to the psychoanalysts. As a child, the dependent person may have come face to face with an uncontrollable external object (probably an inadequate care-taker). The child cannot internalize the mother’s love. Accordingly, the child decides to externalize his mother’s love which is defined as an “externalization of idealized object”. The child starts to fantasize that someone loves him/her but she/he is not there at that moment. Since the inadequate mother takes care of the child from time to time, the child tries to internalize his mother’s love. However, he cannot because the care of the mother is not permanent. This type of relation with the mother is unsatisfying for the child’s love. It is similar to the dependent’s relation with the drug in terms of the vicious circle going around losing and gaining the object of love. Another characteristic observed in dependent individuals is that their mothers are either extremely empathetic or lacking empathy totally (Gurol, 2004). Winnicott calls it “good enough mother” for the woman who is empathetic enough and not in an extreme way. While the mother satisfies the needs of her child, the only tool in her hand is her empathy because the baby cannot express his feelings or needs verbally. If she is overly empathetic, the child cannot learn how to satisfy his needs by himself. If the mother is not empathetic at all, repetitive traumatic experiences may occur for the child. Self-care capacity of a person is a determinant in addiction because if the person did not learn how to do it in his/her childhood, she/he starts seeking external ways to do it in adulthood. Ramos (2004) argued that the mother’s incapability to satisfy the baby to an optimum degree leads to problems about narcissistic gratification in the baby which goes on to the baby’s adulthood. However, studies about the mothers of alcoholics did not show an extreme rate of problems between alcoholic patients in therapy and their mothers retrospectively, rather a rate of problems similar to other patient populations was found. In alcohol dependence, it was found in most of the studies on the etiology of addiction that a father figure was missing which was thought to be causing a weak and fragile ego in alcoholics (Ramos, 2004). As a result, many psychodynamic theories converge in some points. These points are related with a dysfunctional ego and problems in gratification of desires.

(II) Behavioral Perspective

Behavioural theories of psychology are based on the overt behavior which is observable and measurable. One of the first theoreticians in behavioral psychology was Skinner who considered addiction as the flaw of the society because the society cannot teach its members appropriate ways of behaving and individuals do not learn alternative functional behaviors because of lacking reinforcement (Thombs, 2006). There are two types of conditioning which leads to learning. The first one is *classical (Respondent/Pavlovian) conditioning*. In this type of conditioning, the reflexive respondent behavior is changed by pairing an unconditional stimulus with a conditional stimulus. For example, the environment may be the conditioned stimulus for the positive effects of alcohol like inhibition of introversion. The dependent person thinks he/she can socialize or feel euphoric only in the place that

she/he is used to drink. The person forgets how to socialize without alcohol, or during occasions that no one drinks alcohol. Consequently, social skills are impaired. The second type of conditioning is *operant conditioning* theory which was established by Skinner. In operant conditioning, the behavior is not reflexive, rather it is voluntary. The behavior is learnt by *reinforcement* or *punishment* occurring subsequently to it. Reinforcements are any events that occur after the behavior so that the behavior's occurrence increases in rate. In opposition to reinforcement, punishment decreases the rate of the behavior (Thombs, 2006). For example, the positive consequences of drinking alcohol like euphoria or increasing sociability are positive reinforcements. There are also *negative reinforcements* which again increase the rate of the behavior but by the disappearance of a negative event supplying "relief". For example, when the person quits alcohol, *withdrawal symptoms* occur. The withdrawal symptoms are tremors, anxiety or craving for alcohol. Starting to drink again supplies relief from the withdrawal symptoms, hence it is negatively reinforcing. If the person quits drinking alcohol for a long period like one month, the body is detoxified. When the person starts to drink again, the body cannot process large amounts of alcohol that it did previously to quitting. Therefore, alcohol intoxication occurs. In terms of punishment, the negative events occurring after alcohol intake like intoxication, getting sick in the stomach or being bullied by friends decreases the probability of drinking one more time. Relapse could be explained by operant conditioning too (Thombs, 2006). When the reinforcement is removed from the environment, the behavior's rate of occurrence declines. When the behavior totally ceases, it is called *extinction*. Relapse is starting alcohol intake after the behavior had ceased because of treatment and it could mean that the problem behavior did not successfully and totally become extinct.

(III) Cognitive Perspective

Cognitive models refer to the link between our emotional states and our thoughts which includes "expectancies", "beliefs", "schemas", "automatic thoughts" and "thinking errors". In terms of cognitive theories, Bandura's (1986) "*social learning theory*", which is also called "social cognitive theory" or "*self-efficacy theory*", or "*alcohol-expectancy theory*" is one of the most influential theory in this field. Goldman, Brown and Christiansen (Goldman, 1987) also explained addiction in terms of cognitive perspective. Until the appearance of social cognitive theory, in psychology it was believed that the human being cannot control his/her own thoughts or desires because psychoanalysts argued that the personality is shaped in childhood. It is very difficult to change after childhood; additionally, desires are controlled by the unconscious. Behaviorists argued that learning occurred by external stimulus and stimulus interactions. On the contrary, social cognitive theorists found that a person can learn a behavior just by observation which is called *vicarious learning* (Bandura, 1961). According to the vicarious learning paradigm, the person does not need to receive direct reinforcement to learn a behavior; observing someone being reinforced is enough. According to Bandura (1986) vicarious learning which is also called "modeling" can occur in three ways. Firstly, it can be a result of "observational learning effects" on behaviors that does not exist in the individual's repertoire. Secondly, it can be a result of "inhibitory-disinhibitory effects" that the individual wants to increase or decrease the rate of occurrence. Thirdly, it can be a result of facilitation effects" on behaviors which existed in the individual's repertoire but have not been used until the observation of others doing it (Thombs, 2006).

Bandura (1986) defined self-efficacy as "the conviction that one can successfully execute the behavior required to produce the outcomes". In terms of self-efficacy, it was found that the efficacy beliefs of a person determined whether a person evaluates a problem as a

challenge that he/she can transcend or as an obstacle on the way to happiness. When perceived self-efficacy is high, the person deals with the problem better and when the problem is over, the person becomes even stronger. High perceived self-efficacy was found to be more prevalent in successful quitters in alcohol or drug dependence and in eating disorders as well (Bandura, 1999). In terms of addiction, self-efficacy is especially important when physical dependence has been overcome. It can be said that the craving that occurs after the physical dependence has diminished is purely psychological. These psychological urges that induce relapse can be dealt with cognitive and behavioral self-regulatory strategies only if the person evaluates these urges as under his/her own control (Bandura, 1999). For example, 40 million people have quit smoking and did not relapse. It does not mean that they are living lives free of unhappiness; rather they are living lives that they view as manageable and under control which is a result of high self-efficacy. According to Bandura (1986) there are four sources of self-efficacy in daily life. Firstly, *performance accomplishments* which are direct experiences to gain personal mastery are effective on self-efficacy. Successes increase self-efficacy as much as failures decrease it. It is the most powerful way of changing self-efficacy and it can be established by *participant modeling* technique in therapy. Secondly, *vicarious experiences* influence self-efficacy which is a result of seeing another person perform an act and watch the results of his/her behavior. It can be achieved by *modeling* technique in therapy. Thirdly, *verbal persuasion* is a source of self-efficacy development because suggestion is the most prevalent and easily available technique but its effect ends when the person behaves accordingly and sees the results; it turns into performance accomplishment. Fourth source is *emotional arousal* which affects the efficacy perceptions in anxiety provoking situations; hence some methods aim to decrease emotional arousal to overcome problem situations. In a study, Bandura (1986) investigated perceived self-efficacy of patients who had snake phobia. Three treatment conditions were compared in terms of initiation and persistence for treatment. The three conditions were *participant modeling*, *modeling* and *control*. Participant modeling subjects firstly watched the therapist performing the feared behaviors with the snake and then they performed the same acts in a gradual manner. In the modeling condition, subjects only watched the therapist perform the same feared graduated activities with the snake. The control subjects did not receive any treatment; they only waited till the same time period with the treatment conditions elapsed. As a result, self-efficacy was found to be a predictor of successful task accomplishment in specific phobia treatment. Participant modeling subjects as expected had highest self-efficacy expectations among three conditions, and they had the best treatment outcome in three conditions. In addition, modeling condition which corresponds to “vicarious experience” in social cognitive theory was found to be highly predictive of approach behavior in phobic situations as much as subjects in the condition of participant modeling. Recently, self-efficacy has been studied in addiction studies as Prochaska and Norcross (2003) embedded it into their model as a construct which was found to be related with the stages of change.

A study on self-efficacy of socially anxious college students showed that those socially anxious participants with low self-efficacy reported more alcohol consumption than the socially anxious individuals with higher self-efficacies. A recent study concluded that after one year of treatment, individuals with higher self-efficacies showed greater reduction in frequency of heavy drinking and drinking problems; in treatment of depression, impulsivity, avoidance coping; in receiving social support; and they attended Alcohol Anonymous (AA) meetings for longer durations than those with low self-efficacies (McK J et al, 2008).

Another study focusing on self-efficacy in alcohol dependence found that the participants who had higher self-efficacy resisted drinking regardless of the extent of risk situation they faced for six months (Vielva&Iraurgi2001). In a study conducted upon Turkish university students, Sonmez (2008) found that self-efficacy of the participants that attended the smoking-cessation program significantly increased. On the other hand, the control group that did not attend the program had significantly lower self-efficacy in the second assessment which was in line with literature as in the time period between the first assessment and second assessment, the control group participants may have lived unsuccessful occasions in resisting smoking which is known to decrease smoking related self-efficacy.

(V) The Trans-theoretical Model of Change (TTM)

Prochaska and Norcross (2003) argue that most of the theories of psychotherapy lack empirical support although they are rational, and findings show consistency for the placebo effect caused by the researchers attention. In addition, the theories have usually focused on the content of problem behaviors or personalities rather than the processes of change. The eclectic approaches lack empiricism too because psychologists take some parts that “they” think that are useful but they do not have a model when choosing what to apply from different models of treatment (Prochaska, 2003).

Prochaska and Norcross (2003) built up a model of psychotherapy and behavior change that would go beyond “the relativism of eclecticism through a commitment to creating a higher order theory of psychotherapy that, in Werner’s terms, appreciates the unity *and* the complexity of the enterprise”. In that sense, their theory is called the “trans-theoretical model of change”. This theory has three core dimensions: Processes, Stages and Levels of change.

Psychological theories involve associations between psychological factors and alcoholism in individuals. One major difficulty with studies in this area is that psychological differences between alcoholics and controls could as easily reflect the consequences of years of abusive drinking as be their case

(VI) The following are some of the specific theories.

(a). *Tension reduction Hypothesis.*

A large number of investigations have been centered on the ability of alcohol to decrease tensions. The purported effect of alcohol on tension as it might be related to alcoholism can be broken down into two parts: the first part consists of the hypothesis that alcoholics, when compared to controls, may have different baseline levels of anxiety and the second part relates the possible effects that alcohol might have in differentially decreasing levels of tension for alcoholics (Roebuck & Kessler,1972).

The stressful life events are reported to cause alcohol-related problems in alcoholics (Morriserry&Schuckit,1978).The theory also stresses that alcohol helps them to relax after a stressful day though very little data support a direct cause- effect relationship between specific stressor and the onset of alcoholism. Thus, tension reduction hypothesis is still a variable theory in explaining cause of alcoholism (Cappel& Herman, 1972).

(b.) *Reinforcement theories.*

Reinforcement theories are based on the premise that people begin drinking, drink excessively or remain alcoholic because alcohol serves some useful purpose; that is, the drinking behavior is awarded or reinforced. The reward could be the induction of

pleasurable psychological change, the removal of discomfort (Conger, 1956) or having other enjoyable experience. Alcohol intake has been said to be a learned behavior resulting from the need of youth to model or copy adult practices. Among purported positive reinforcing properties are approval of peers, enhanced or altered social interactions (Nathan & Lisan, 1976), decreasing the pressure of a hard day and offering the chance to feel independent or powerful (Roebuck, 1972).

(C.) Transactional theories.

Transactional theories assume that disordered level of communication may have been responsible for both the initial development of alcohol intake and for alcoholism and that these levels of communication become more disordered and almost self-perpetuating as alcohol intake increases (Steiner, 1971). Steiner also stated that the consequences of being drunk become a game in itself and might become self-reinforcing. According to this theory, alcoholism is a style of interaction in which the individual and his family use drunkenness and helplessness as an excuse for behavior. As a consequence, one unexpected result can be the disintegration of the family interaction when the alcoholic stops drinking; new rules have to be established for the family to survive as a unit (Ward & Faillace, 1970).

(d.) Personality theories

The general consensus of personality studies is that there is no one personality type that can be measured as being necessary and sufficient for the development of alcoholism and the range of personality types of alcoholics is not different from that found in the general. ^[46]

(e.) Excuse Theory

When people drink, they attribute some of their behavior to the effect of drinking, especially if they might otherwise be blamed or criticized for misconduct while drinking. Being under the influence of some drugs such as alcohol is widely accepted by others as social excuse (MacAndrew & Edgerton, 1969).

(f.) Socio-Cultural Theories

Alcoholism has been found to be associated with socio-cultural factors. It is believed that on a super /supra cultural level, alcoholism occurs in any society combining a lack of indulgence of children with demanding attitudes toward achievement and a restrictive posture toward dependent behavior in adults (Becon et al., 1974). Other culture specific and sub cultural theories regard alcoholism as a result of downward social mobility, possibly beginning before the problem drinking (Jones & Borland, 1975). This can result from an inability of individual to participate in opportunities of the community, which might generate frustrations and result in alcoholic patterns. Once alcoholism has begun, it is possible that cultural factors help to determine the most prevalent type of problem drinking (Ward & Faillace, 1970). It was also found that alcoholism often correlates with the degree of cultural stress (Jones & Borland, 1975).

The concordance between alcoholism and crime on, between alcohol abuse and forms of psychiatric illness has led the primary-versus-secondary alcoholism dichotomy and theories on the importance of personality in alcoholism. Family history and twin data from population have resulted in genetic hypothesis. No one cause for alcoholism is known. This is at least in part, a result of the length of time between onset of drinking and the development of alcoholism as well as that a number of different factors may be involved at the same time. The theories are not mutually exclusive and are somewhat arbitrarily divided into psychological theories, socio- cultural theories, constitutional theories (Roebuck &

Kessler, 1972). There is no single, simple explanation for why some people abuse alcohol. One of the central findings of the large body of research that has examined the psychosocial causes of alcohol use is that there are multiple pathways to behavior that involves alcohol consumption (Sher et al., 1997). Multiple biological and psychosocial factors mutually influence each other in causing alcohol abuse; it would be incorrect to view psychosocial causes as either independent from, or competing with, biological causes. Rather, alcohol use and alcoholism are best viewed as end products of a combination of biopsychosocial influences. Researchers face the challenge of explaining

CONCLUSION

Alcohol abuse alcoholism are fundamentally a behavior and most human behavior is a learned behavior. This theoretical approach has helped us to understand how people learn to engage in an unhealthy behavior and enables us to understand how people can unlearn a behavior. This is also true that much of addictive behavior originates from thoughts and beliefs. Another psychological reason of addiction is a person's developmental maturity. Psychotherapy can be considered a form of accelerated development. Therefore, it can be very helpful for people who are attempting to recover from alcoholism or other addictions. The theoretical aspects have also helped professionals/academician to understand why people find it so difficult to discontinue an unhealthy behavior like alcoholism. People may find recovery difficult because they lack good problem-solving skills and sufficient motivation. Alcoholism can also occur as a means of coping with uncomfortable feelings or stress. Psychotherapy can help to strengthen people's motivation and to improve their problem-solving skills, stress reduction skills, and coping skills. Lastly these psychosocial theories of alcohol abuse can be utilized to identify and contextualize trends in major treatment approaches for the people of alcohol abuse and also provide possible future directions for research in that specific area.

REFERENCES

- Abraham K (1971). *The influence of oral eroticism on character formation*. In selected papers of Karl Abraham. Editors- CAD. Bryan and Strachey, A. Hogarth Press. London.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*.
- Bandura, A., Ross, D., Ross, S. (1961). Transmission of aggression through imitation of aggressive models. *Journal of Abnormal and Social Psychology*, 63, 575 – 582.
- Bandura, A. (1999). A socio-cognitive analysis substance abuse Anagentic perspective. *Psychological Science*, 10(3), 214 – 217.
- Becon, M. K. (1974). The dependency conflict hypothesis and the frequency of drunkenness. *Quarterly Journal of Studies on Alcohol*, 35, 863-876.
- Bell, R. A. (1975). Alcoholism: Life events and psychiatric impairment. *presented at the 6'th Annual scientific conferences, National Council on Alcoholism*. American Medical Society on Alcoholism, Milvoankee.
- Cappel, H., Herman, C. P. (1972). Alcohol and tension reduction. *Quarterly Journal of Studies on Alcoholism*, 33, 33-64.
- Chafetz, M. E. (1959). Practical and theoretical considerations in the psychotherapy of alcoholism. *Quarterly Journal of Studies on Alcohol*, 20, 281-91.
- Conger, J. J. (1956). Alcoholism: theory, problem and challenge. Reinforcement theory of and the dynamics of alcoholism. *Quarterly Journal of Studies on Alcohol and drugs*, 17, 296-305.

- Goldman, M. S., Brown, S. A., Christiansen, B. A. (1997). Expectancy theory thinking about Drinking. In H.T. Blane& K.E. Leonard (Eds.), *Psychological theories of drinking and alcoholism* (pp. 181-226). New York, NY: Guilford Publications.
- Gürol D. T. Madde: Ölümünbaşkayüzü, 2004. Retrieved on 28 April 2020 from <http://www.yeniden.org.tr/bilgimerkezi/default.asp>.
- Hooper E.A (1995) psychoanalytical theory of 'drug addiction': unconscious fantasies of homosexuality, compulsions and masturbation within the context of traumatogenic processes. *International Journal of Psychoanalysis*; 76 (6):1121-42.
- Jones MB. Borland BL (1975). Social mobility and alcoholism: A comparison of alcoholics with their father and brothers. *Journal of Studies on Alcohol* ;36: 62-5.
- MacAndrew C, Edgerton RB (1969). *Drunken compartment: A social explanation*. Aldine, Chicago.
- McKellar J, Ilgen M, Moos BS, Moos R (2008). Predictors of changes in alcohol-related self-efficacy over 16 years. *Journal of Substance Abuse Treatment* ;35(2): 148 - 55.
- Mohanani, P, Swain, S., Sanah, N., Sharma, V., Ghosh, D. (2014). A study on the prevalence of alcohol consumption, tobacco use and sexual behaviour among adolescents in urban areas of the Udupi district, Karnataka, India. *Sultan Qaboos Univ Med J*; 14, 104-12.
- Morean, M. E., Kong, G., Camenga, D. R., Cavallo, D. A., Connell, C., Krishnan-Sarin S. (2014). First drink to first drunk: Age of onset and delay to intoxication are associated with adolescent alcohol use and binge drinking. *Alcohol ClinExp Res*; 38, 2615-21.
- Morriserry, E. R., Schuckit, M. A. (1978). Stressful life events and alcohol problems among women seen at a detoxification centre. *Journal of Studies on Alcohol* ;39,1559-76.
- Nathan, P. E., Lisman, S. A. (1976). behavioural and motivational patterns of chronic alcoholics. In Tarter, RE.& Sugerman, AA. (Eds.) *Alcoholism: inter disciplinary approaches to an enduring problem*. Reading, MA: Addison- Wesley publishing Co. Inc. 479-522.
- Pillai, A., Nayak, M. B., Greenfield, T. K., Bond, J. C., Hasin, D. S., Patel, V. (2014). Adolescent drinking onset and its adult consequences among men: A population-based study from India. *Journal of Epidemiological Community Health*. 68, 922-927.
- Prochaska, J. O., Norcross, J. C. (2003). *Systems of psychotherapy: A transtheoretical analysis* (5th ed.). CA, USA: Brooks/Cole, .
- Rado, S. (1933). The psychoanalysis of pharmacothymia (Drug Addiction). *Psychoanalytic Quarterly* ;2, 1-23.
- Ramos, D., Perkins, D. F. (2006). Goodness of Fit Assessment of an Alcohol Intervention Program and the Underlying Theories of Change. *Journal of American college health*. 55(1),57-4.
- Ramos, S. P. (2004). What can we learn from psychoanalysis and prospective studies about chemically dependent patients? *International Journal of Psychoanalysis*; 85, 467-488.
- Rehm, J., Mathers, C., Popova, S., Thavorncharoensap, M., Teerawattananon, Y., Patra, J. (2009). Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. *Lancet*; 373, 2223-2233.
- Roebuck, J. B., Kessler, R. G. (1972). *The etiology of alcoholism: Constitutional, psychological, Sociological Approaches*. Charles, C. Thomas Publisher. Springfield, Illinois.

Psychosocial theories of alcohol abuse: an understanding and its relevance

- Sher, K. J., Gershuny, B., Peterson, L., Raskin, G. (1997). The role of childhood stressors in the intergenerational transmission of alcohol use disorders. *J Stud Alcohol* 58(4),414–427.
- Silveri, M.M. (2012). Adolescent brain development and underage drinking in the United States: Identifying risks of alcohol use in college populations. *Harv Rev Psychiatry*; 20, 189-200.
- Sonmez, N. (2008). The effects of hot smoking on the Chemical Composition and shelf life of Mediterranean Mussel (*Mytilus Galloprovincialis*, 1819) Under Chilled Storage. *Journal of food processing and prevention*. 32(6),912-922.
- Steiner, C. (1971). Games alcoholics play. *Random House*, New York.
- Stockwell, T., Zhao, J., Panwar, S., Roemer, A., Naimi, T. (2016). Do “Moderate” Drinkers Have Reduced Mortality Risk? A Systematic Review and Meta-Analysis of Alcohol Consumption and All-Cause Mortality. *Journal of Studies on Alcohol and Drugs*. 77(2), 185–198.
- Subkowski, P. (2006). On the psychodynamics of collecting. *International Journal of Psychoanalysis*. 87,383 – 401.
- Thombs, D. L. (2006). *Introduction to Addictive Behaviors*. NY, USA: The Guilford Press.
- Vielva, I., Iraurgi, I. (2001) Cognitive and behavioural factors as predictors of abstinence following treatment for alcohol dependence. *Addiction*. 96(2), 297–03.
- Ward, R. F. Faillace, L. A. (1970). The alcoholic and his helpers. A systemic view. *Quarterly Journal of Studies on Alcohol*. 34, 684-691.
- Warner, L. A., White, H. R., Johnson, V. (2007). Alcohol initiation experiences and family history of alcoholism as predictors of problem-drinking trajectories. *J Stud Alcohol Drugs*. 68, 56-65.
- West, R. (2001). Theories of addiction. *Addiction*. 96(1), 3 – 13.
- Winnicott, D. (1960). The theory of the parents-child relationship. *International Journal of Psychoanalysis*. 41,585 – 595.
- World Health Organization (2002). The world health report 2002: reducing risks, promoting healthy life. Geneva: Cited on 19-04-2020. Available from [www.who.int › whr › 2002](http://www.who.int/whr/2002).
- Yalisove, D. L. (1997). *Essential papers on addiction*. New York, USA: New York University Press.

Acknowledgements

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author declared no conflict of interest.

How to cite this article: P. Prakash, P. Kumar & A. R. Singh (2020). Psychosocial theories of alcohol abuse: an understanding and its relevance. *International Journal of Indian Psychology*, 8(2), 801-810. DIP:18.01.096/20200802, DOI:10.25215/0802.096